RECEIVED &
Case: 3:16:5600010 PLC Dec. #: 31 Filed: 02/25/16 Page: 1 of 38 PageID #: 14 /0-/81
DEPARTMENT OF CORRECTIONS INFORMAL RESOLUTION REQUEST INSULPTION USE ONLY EMERGENCY COMPLAINT
OFFENDER NAME
KAY DOURN CONNIE 1166670-2B-205
DATE STAFFIRECEIVED IRR COMPLAINT NUMBER 10-71-14 CATEGORY AB 2B
COMPLAINT - ONE ISSUE - BE SPECIFIC
- Knowing failure of Medical staff at WERDCC to administer prescribed medi-
cation; - Recommendation from oncologist not followed; - DOC Medical's denial
delay of, and intentional interference w/treatment; - Infliction of pain.
STATE YOUR PROBLEM BRIEFLY
·
Please see attached.
ACTION REQUESTED: STATE REMEDIES YOU ARE SEEKING
Use of Leunasta instead of Granix to rebuild white blood cell count, as
recommended by oncologist. Eliminate pain of 5 or 6 daily injections of
Granix by giving only one injection of Leunasta. Hernia repair.
DISCUSSION OF COMPLAINT (SUMMARIZE RESULTS OF MEETING)
"Stater Granix is notworking - missed to chemo tx' - wants Newhesta),1/24/4 - all labor to be sent out STAT to consistent labor processing center -2 granishets & chemo & 4 short of orains pichemo
Sloper Grann I rio working the same of the
1/34/m - all labor to be sent out STAP to consistent lab processing center
- 2 grant shots a drem of 9 should of Orains p chame
Wandawhiteto Von Scorf, hats, I glover at recommended
All lab work sept star to anc for Quick reside
LIBR RESOLVED BY DISCUSSION/WITHDRAWN OATE DATE DATE DATE
Connokarloun 11-24-14
STAFF FINDINGS/RESPONSE
Correction newasta not Junada, Concernie that
six missed treatments due to thank and not
following oncologists orders will increase
likelihood of Cancor Coming liack, also the felin
of 6 shots of France VS. Mellasta, Joh work will
now be blandled at AMC, mis was written by inmate 5 DH ROUT
INVESTIGATING STAFF SIGNATURE DATE DATE DATE
REVIEWER STIGNATURE DATE, RESULTS
AU (2519 SATISFACTORY MUNSATISFACTORY
YOU HAVE THE RIGHT TO FILE A FORMAL GRIEVANCE, YOU MUST FILE A GRIEVANCE FORM WITH THE DESIGNATED STAFF WITHIN SEVEN (7) DAYS FROM THE DATE YOU RECEIVE THIS RESPONSE, FAILURE TO SUBMIT A GRIEVANCE WITHIN THIS TIME FRAME CONSTITUTES ABANDONMENT.
OFFENDER/SIGNATURE DATE OF 111
Conne Rayloun 11-36-59
15

Case: 2:16-cv-00010-PLC Doc. #: 1-1 Filed: 02/25/16 Page: 2 of 38 PageID #: 15

IRR - Raybourn, Connie 1166670-2B-205 10/18/14

STATE YOUR PROBLEM BRIEFLY:

In February, I underwent surgery for the removal of a cancerous tumor (Stage III) from my transverse colon. Dr. Corrado at the Audrain Medical Center was my surgeon. He asked why I had not had a colonoscopy, since I was 52 at the time. I told him that, ever since I turned 50, I had been asking for one when I had my "chronic care" appointments. The doctors, Kapur and Rice, both told me that unless I had blood in my stool, they would not give me one. However, there is a big poster in the med-line room which tells us to have a colonoscopy when we turn 50. Dr. Corrado assured me that, had I been given a colonoscopy, it would have detected the tumor, and that it had been growing for several years to reach that stage. Before my surgery, I was very sick, unable to stand, threw up everything I ate, couldn't have a bowel movement. I went to Sick Call and was told to drink more water, take my Tylenol, and exercise, then sent back to my housing unit. No diagnostic tests were done until, finally, a temporary doctor (?), Dr. Springer, had an x-ray done and said my colon was looking large/impacted. They had me drink some magnesium citrate (?) and I couldn't keep it down. I was sent back to the housing unit. - Not much later, I was called to see my caseworker, Ms. Wilder. She told me I looked GRAY and made me take a wheelchair over to sick call again. I sat waiting for hours before being given another x-ray and feces). Nurse Jane West went over to the toilet to dump the contents of the styrofoam cup. I told her "NO! Show it to the distance of the styrofoam cup. I told her "NO! Show it to the styrofoam cup." was told to drink the magnesium citrate again. This time I was sent was the nurse who had previously told me I was just lazy and needed to walk more and drink more water. When the doctor saw what I had thrown up, she (Dr. Springer) went straight to Dr. Kapur and told him I needed to be in the hospital, that something was seriously wrong. She told me my urine test showed I was completely dehydrated. Nurse West put an IV in my arm (with no fluids) before I left in the DOC van for the hospital, I believe to make it appear that I'd been given fluids, which was not the case. When we reached the Audrain Medical Center. Dr. Corrado's staff told us we would have to go all the way to Jefferson City. However, when the doctor himself arrived, he said he would perform my surgery the next morning, because I told him I couldn't ride strapped in the wheelchair, all cuffed up, for another hour-and-a-half to Jefferson City. I was too far gone already. should have been in an ambulance, with fluids in my IV, not a DOC The surgery was a colon resection, with about 5" removed, along with 19 lymph nodes, 2 of which showed cancer. I was told that I would have 12 sessions of chemotherapy to make sure all the cancer. was gone. I started chemo on May 13. Before that, while in TCU here, my sutures tore open and I leaked bloody fluid all over the floor. I was not taken back to the hospital to repair the "hernia," and was told that the abcess needed to drain. This tear was just above my belly button. Soon after this, another huge tear opened up just beneath my ribs, about a foot across. It is now bulging out in a

3019

OCT 2 3 2014

giant painful hernia. No diagnostic tests have been done to determine the extent of the tear, but several nurses have felt it. I need to be seen by my surgeon, Dr. Corrado, for repair, before it becomes gangreneous.

Back to the chemotherapy. When I had my first chemo on May 13, October 14 would have been my last treatment (every 2 weeks). As of now, I have been unable to have five (5) treatments due to my white blood cell count being too low. Twice I have had to be placed in isolation. These delays in treatment are due to not being given the Neumasta, as prescribed by the oncologist. I was told by Dr. Kapur that DOC had changed its policy on Leuhasta - that it was no longer "formulary." Instead, he substituted Granix. Instead of one shot of Neumasta, I was then required to have 5 or 6 shots of the Granix, one a day, in the stomach. This is much more painful being stuck so many times, and having the chest pain and diarrhea made it even moreso. Plus, the Meunasta shot lasts two weeks and doesn't taper off like the Granix does. Since switching to Granix, I've missed the following treatments: May 27, June 3, August 12, September 9 and October 7. Now I must have 2-1/2 months more treatment. Having my white blood count so dangerously low is lifethreatening. I have no immune system to fight off even a cold. I consider the current situation to be deliberate indifference to my_serious_medical_needs.__The_denial_of_Leufasta_is_delaying_my__ treatment and interfering with the oncologists orders, a knowing failure to administer prescribed medication. I have also been scheduled to take Granix shots without having a blood test in between to see how they are affecting my count. I was told by the oncologist that regular blood testing must be done to see how many more shots are needed. This last treatment, my count was "critically high" according to the Cancer Center attendant, at 44,000. They went ahead and gave me chemo even though my count has not been stable. They told me not to have more Granix shots until a blood test warrants it. My most recent chemo was October 14, and that was number 7 out of 12. I still have 5 more to go.

Please allow the Leumasta shot for the remaining treatments? And please schedule me for diagnostic tests/repairs on my two hernias? During the PET scan I was told I have a cyst on my left ovary too. I'd like to know what's going on with that. Thank you.

IRR Response

To: Connie Raybourn #1166670

Institution: WERDCC

Grievance Number: WERDCC 14-363

Date of IRR: October 21, 2014

Your IRR has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your providers, has been provided to you. This assessment of your medical needs may differ from your personal desires.

Your concern is understood to be, you were originally started on Neulasta and your medication has been changed to Granix. You are requesting to be prescribed Neulasta because it is the only medication that will work.

Subsequent to review and investigation, Granix is the medication that is recommended as first line of therapy. This has been discussed with the specialist and at the present time will be continued. Labs are being sent out STAT to St. Mary's Audrain as ordered. This will make the process more consistent and efficient. The results will be available for review the same day.

In conclusion, your medical needs are being met and the physician will continue to monitor your condition. Granix will be continued to be given at this time.

If your medical condition changes, please address any concerns through the sick call process.

10/23/14

Date Received

11/24/14

Date of Response

miello th Herman RN, DON Danielle Halterman, RN

Director of Nursing

Case: 2:16-cv-00010-PLC Doc. #: 1-1 Filed: 02/25/16 Page: 5	of 38 PageID #: 18
STATE OF MISSOURI	RECEIVED
DEPARTMENT OF CORRECTIONS GRIEVANCE NUMBER UEROCC IRR NUMBER	PACC DEC 1 2 2014
OFFENDER GRIEVANCE 14-363 14-3	063 DEC 1 2 2014
INSTITUTION USE ONLY	Grievance Office WERD CO
OFFENDER LAST NAME FIRST DOC NUMBER HOU	SING UNIT UNIT INSTITUTION
Resuboyen Connie 1166610 a	B WERDEC
OFFENDER GRIEVANCE/REQUEST	A Secretary with the second of the second
Granix is still being used in spite of it being.	detrinentalto
my health, and in spite of ongon cologists	orders to use
	as not an option
Granix affects me in the following ways:	1 (7)
Vinstead of one of Neulasta), which causes	
Chest/sternum area. bleeding rectum d	uring BM. bloody
nose and gums/tongue, painful erosion of	labia skin, pain
at the injection site (stomach), severe	diakrhea, dry
1 10 1	ed in isolation
because Granix Loes not rebuild my whi	te blood cells
leukocytes adequately. Granix endange	rs mylife by not
lasting long enough (as Nevlasta dit),	Imsusceptible
to colds and germs in prison population, b	leeding/platelets low
Connie Rayhoun	13-3-14
SUPERINTENDENT RESPONSE	
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	Grievance Office WERDCC
	The state of the s
SUPERINTENDENT/SECTION HEAD	DATE / /
1 100 Mass Tom VILLAM, HUBM	12/17/14
You have the right to appeal this decision to a division director. You must file an appeal form with the grid the day you receive this decision. Failure to submit an appeal within this time frame constitutes abando	
☐ I ACCEPT THIS DECISION ☐ I APPEAL THIS DECISIO	
OFFENDER SIGNATURE	DATE

MO 931-3377 (12-04)

Grievance Response

To: Connie Raybourn #1166670

Institution: WERDCC

Grievance Number: WERDCC 14-363

Date of Grievance: 12-02-2014

Your Grievance has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers, has been provided to you.

Your concern is understood to be that you are being given Granix instead of Neulasta. Dr. Bredeman has also reviewed your history and your medical file as well as Dr. Kapur. Dr. Kapur has been in close contact with Dr. Waheed the oncologist that assists with your care. You have almost completed the chemo therapy treatment plan. Granix and Neulasta is exacly the same medication other than the Granix must be given daily. You have received your chemo on time except for a few short delays. There was a delay in Cycle 6 and 8 due to low neutrophil counts, both of which were delayed to allow your neutrophils to recover. Cycle 7 was held at your requests (2 weeks). Cycle 11 was delayed because of low platelets, which is a problem that reither Granix or Neulasta would solve. I understand the side effects that you are experiencing are related not only to the medication but also may be related to the chemotherapy.

In conclusion, this response should solve your grievance. Please continue to be an active member in your health care.

If your medical condition changes please address any concerns through the sick call process at your facility.

12/12/2014

Date Received

12/17/2014

Date of Response

Marilyn Horn, RN, CCHP

Health Services Administrator

Dr. Hari Kapul Medical Director

Case: 2:16-cv-00010-PLC Doc. #: 1-1	Filed: 02/25/16 Page: 7 of	38 PageID #: 20 2-375
STATE OF MISSOURI DEPARTMENT OF CORRECTIONS OFFENDER GRIEVANCE APPEAL	GRIEVANCE NUMBER WERDCL 14-3	RECEIVED DATE FILED FER 1.6 20/5
OFFENDER NAME (LAST NAME, FIRST) ROUDOWN CONNIC	DOC NUMBER	GrieVance Unice WERDCC
Following are the dates I a	missed chemo	treatments?
The ONE Newlasta shot we treatments were complete	28 and Doc, 2, 1 as given June 3 ed without Ion	3 and 4 Chemo
I was switched to Mari ments. The pain and how	xand started m	issing treat-
grew navuris so navermile gre)-one alday-caysed of and useaknessylethangy,	art pain, non The Neulasta	iting nausea
one shot and had none of Dr. Kapur I suffered from	these side of	hoto, and they
Told Dr. Waheed that Noul	nota "wasnit a Welet 70	noption." DATE 2-7-15
RESPONSE		
DELIVERED APR 07 2015		ECCIVE TO
	K	EHABILITATIVE SERVICES
RECEIVED IN	CORIZON JRI REGIONAL OFFICE	
Type College and the college a		
SIGNATURE	·	DATE
Finalization of this appeal represents exhaustion of this grie	vance pursuant to federal law, 28 (CFRs 40
OFFENDER SIGNATURE		DATE
MO 931-3378 (5-03)		

Case: 2:16-cv-00010-PLC Doc. #: 1-1 Filed: 02/25/16 Page: 8 of 38 PageID #: 21

OFFENDER GRIEVANCE APPEAL RESPONSE

TO:

Raybourn, Connie #1166670

INSTITUTION:

Women's Eastern Reception & Diagnostic Correctional Center

GRIEVANCE NUMBER:

WERDCC-14-363

DATE OF APPEAL:

February 18, 2015

Your grievance appeal has been received and reviewed. As well, your medical record has been reviewed. The purpose of this review is to assure that timely and appropriate healthcare has been provided to you. This assessment of your medial needs may differ from your personal desires.

I understand your one original IRR complaint to be that you contend that due to receiving Granix, instead of Neulasta, there was a delay in receiving your chemotherapy.

Upon review of your medial record, grievance records and investigation of your concern, I found that you signed your Offender Grievance response on February 3, 2015 and did not file an Offender Grievance Appeal until after the seven day established time frame. Your record notes that you filed the grievance appeal on February 18, 2015. This grievance is considered abandoned per policy and will not be answered based on the above information. The "Offender Grievance Appeal" form was given to me on 2-3-15 (See upper-right-hand corner) and I filed it 2-7-15, 4 days later. See Conclusion: Based on the above information, your grievance appeal is not supported, as outlined above. Your date record shows appropriate care and treatment of your medial issues by licensed, qualified healthcare professionals with many years of experience. We rely upon the independent, discretionary medical judgment

This should resolve your grievance. No further action is indicated at this time.

of the site providers to determine the needed care, medication, and treatment.

Should your medical condition change, please address any concerns through the sick call process at your facility.

02/25/2015

Date Received

04/06/2015

Date of Response

S. Moeller

Reviewed by/ Date

T.K. Bredeman, D.O., Assoc Regional Medical Director

Cc: File, H.S.A., Medical Director

Case: 2:16-cv-00010 PLO	4181	ijed. 02/29/16 P	aje: 9 of 38 Paç	geID #: 22 11-24-74
DEPARTMENT OF CORRECTIONS INFORMAL RESOLUTION RE	EQUEST	INSTITUTIO	AUSEONIV 🗆 EN	MERGENCY COMPLAINT
OFFENDER NAME Connie Rayl	ourn		DOC NUMBI	6670
12-4-14	MPLAINT NUMBER	dead put put and already of the self applies behave the self	CATEGORY 5	HOUSING UNIT
COMPLAINT - ONE ISSUE - BE SPECIFIC	alloga	1 0000 40	actions	4000000
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respond to the GI	anix. I	- have pa	inthlee	eding.
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ACTION REQUESTED: STATE REMEDIES YOU	at Neul are seeking	astaïwas	snotane	ption!
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Granix has delayed	1 my ch	emo trei	rtments	and
coused undue pain	andsuh	foring dim	paired ini	nunity.
DISCUSSION OF COMPLAINT (SUMMARIZE RE	SULTS OF MEET	NG)		
Duplicate Co	swblang			
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See response	2		∵ .	
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YOU HAVE THE RIGHT TO FILE A FORMAL GRIEVANCE, YOU	MUST FILE A GRIEVAN	SATISFACTORY ICE FORM WITH THE DESIGN	UNSATISFACT	
YOU RECEIVE THIS RESPONSE. FAILURE TO SUBMIT A GRIE	EVANCE WITHIN THIS T	IME FRAME CONSTITUTES A	ABANDONMENT.	DATE
MO 931-3376 (12-04) COMMENTAL ROUGH	eum			1-21-15

Case: 2:16-cv-00010-PLC Doc. #: 1-1 Filed: 02/25/16 Page: 10 of 38 PageID #: 23

IRR Response

To: Connie Raybourn #1166670

Institution: WERDCC

Grievance Number: WERDCC 14-410

Date of IRR: January 12, 2015

Your IRR has been received and reviewed.

As per policy D5-3.2 this is a misuse of the offender grievance process which includes the filing of duplicate IRR's. Policy prohibits the filing of a complaint more than once by the same offender on the same issue that is currently being addressed or has already been addressed through the grievance process.

Please refer to Grievance 14-363. This issue has been addressed through the IRR and Grievance process.

At this time we will continue to monitor your condition and follow up as needed.

12/10/14

Date Received

01/12/15

Date of Response

Hallerman RN DOW Danielle Halterman, RN

Director of Nursing

Case: 2:16-cv-00010-PLC Doc. #: 1-1 Filed: 02/25/16 Page: 11 of 38 PageID #: RECEIVED STATE OF MISSOURI GRIEVANCE NUMBER DATE FILED DEPARTMENT OF CORRECTIONS OFFENDER GRIEVANCE APPEAL DOC NUMBER OFFENDER NAME (LAST NAME, FIRST) INSTITUTION Gievance Office WERDCC 1160470 DIRECTOR, DIV OF OFFERDER REHABILITATIVE SERVICES MAR 2 3 2015 CORIZON MISSOURI REGIONAL OFFICE DATE SIGNATURE Finalization of this appeal represents exhaustion of this grievance pursuant to federal law, 28 CFRs 40 OFFENDER SIGNATURE DATE

MO 931-3378 (5-03)

Grievance Response

To: Connie Raybourn #1166670

Institution: WERDCC

Grievance Number: WERDCC 14-410

Date of Grievance: 1-26-2015

Your Grievance has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers, has been provided to you.

This is a duplicate grievance. Please refer to grievance number 14-363.

As per policy D5-3.2 this is a misuse of the offender grievance process which includes the filing of duplicate grievances. Policy prohibits the filing of a complaint more than once by the same offender on the same issue that has currently been addressed.

Since this time you have completed all of your cycles of chemo and will be followed up with the oncologists.

In conclusion, this response should solve your grievance. Please continue to be an active member in your health care.

If your medical condition changes please address any concerns through the sick call process at your facility.

02/10/2015

Date Received Date of Response

Health Services Administrator

Dr. Hari Kapur

Medical Director



Ca	se: 2:16-cv-00010-PLC Doc. #	: 1-1 File	ed: 02/25/16 F	Page: 13 of 38 F	ageID #	#: 26 1-21-15
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OFFENDER LAST	NAME FIRST		DOC NUMBER	HOUSING UNIT		
RAYBOUR	N, CONNIE		1166670	2В		WERDCC
OFFENDER G	RIEVANCE/REQUEST		·	<u>-</u>		,
Pursua	nt to Grievance #WERDCC	14-410	response dat	ted January	12, 20)15, which
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OFFENDER SIGNATI	IRE				DA	re,
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MO 931-3377 (12-04)

OFFENDER GRIEVANCE APPEAL RESPONSE

TO:

Raybourn, Connie #1166670

INSTITUTION:

Women's Eastern Reception and Diagnostic Correctional Center

GRIEVANCE NUMBER:

WERDCC-14-410

DATE OF APPEAL:

March 10, 2015

Your grievance appeal has been received and reviewed. As well, your medical record has been reviewed. The purpose of this review is to assure that timely and appropriate healthcare has been provided to you. This assessment of your medical needs may differ from your personal desires.

I understand your one original IRR complaint to be you contend that you are requesting your medication Granix to be discontinued and the medication Neulasta to be ordered.

Upon review of your medical record, grievance records and investigation of your concern, I found the medical staff at WERDCC has previously addressed this issue in WERDCC-14-363, this issue was responded to on April 6, 2015. Per the offender grievance policy D5-3.2, duplicate complaints: specific issues or incidents will be addressed only once by informal resolution request or offender grievance. See copy of that response. This is a duplicate complaint and will not be readdressed per MDOC policy.

Conclusion: Based on the above information, your Grievance Appeal is not supported, as outlined above. Your record shows appropriate care and treatment for your medical issues by licensed, qualified healthcare professionals with many years of experience. We rely upon the independent, discretionary medical judgment of the site physicians to determine what care, medication and treatment is needed.

This should resolve your grievance. No further action is indicated at this time.

Should your medical condition change, please address any concerns through the sick call process at your facility.

March 23, 2015

June 05, 2015

Date Received

Date of Response

Director Operations, Constituent Services

Reviewed by/Date

T.Bredeman, D.O. Assoc. Regional Medical Director

Cc: File, H.S.A., Medical Director

DEPARTMENT OF CORRECTIONS INFORMAL RESOLUTION REQUEST EMERGENCY COMPLAINT DOC NUMBER CONNE KB4 bokery COMPLAINT NUMBER CATEGORY HOUSING UNIT DATE STAFF RECEIVED IRR 7-14-14 14-411 COMPLAINT - ONE ISSUE - BE SPECIFIC YOUR PROBLEM BRIEFLY ACTION REQUESTED: STATE REMEDIES YOU ARE SEEKING DISCUSSION OF COMPLAINT (SUMMARIZE RESULTS OF MEETING Duplicate complaint ☐ IRR RESOLVED BY DISCUSSION/WITHDRAWN ☐ IRR NOT RESOLVED BY DISCUSSION OFFENDER SIGNATURE DATE STAFF SIGNATURE STAFF FINDINGS/RESPONSE See Response RECEIVED DEC 1 0 2014 RESPONDENT SIGNATURE INVESTIGATING STAFF SIGNATURE M UNSATISFACTORY ☐ SATISFACTORY YOU HAVE THE RIGHT TO FILE A FORMAL GRIEVANCE. YOU MUST FILE A GRIEVANCE FORM WITH THE DESIGNATED STAFF WITHIN SEVEN (7) DAYS FROM THE DATE YOU RECEIVE THIS RESPONSE, FAILURE TO SUBMIT A GRIEVANCE WITHIN THIS TIME FRAME CONSTITUTES ABANDONMENT. OFFENDER SIGNATURE MO 931-3376 (12-04)

Case: 2:16-cv-00010-PLC Doc. #: 1-1 Filed: 02/25/16 Page: 16 of 38 PageID #: 29

IRR Response

To: Connie Raybourn #1166670

Institution: WERDCC

Grievance Number: WERDCC 14-411

Date of IRR: January 12, 2015

Your IRR has been received and reviewed.

As per policy D5-3.2 this is a misuse of the offender grievance process which includes the filing of duplicate IRR's. Policy prohibits the filing of a complaint more than once by the same offender on the same issue that is currently being addressed or has already been addressed through the grievance process.

Please refer to Grievance 14-363. This issue has been addressed through the IRR and Grievance process.

At this time we will continue to monitor your condition and follow up as needed.

12/10/14

Date Received

01/12/15

Date of Response

terman en Dow Danielle Halterman, RN

Director of Nursing

Case: 2:16-cv-00010-PLC Doc. #: 1-1 Filed: 02/25/16 Page: 17 of 38 Pages STATE OF MISSOURI GRIEVANCE NUMBER DEPARTMENT OF CORRECTIONS FRACC WERDCO FEB 0 3 2015 OFFENDER GRIEVANCE INSTITUTION USE ONLY Grievance Office WERDCC דומנר INSTITUTION HOUSING UNIT OFFENDER LAST NAME DOC NUMBER FIRST RAYBOURN, CONNIE 1166670 2B WERDCC OFFENDER GRIEVANCE/REQUEST Again, this is NOT a duplicate IRR/Grievance. These are separate incidents and each cite a specific risk of harm to me. This one concerns how many chemo treatments I've missed due to my WBC/leukocyte levels not recovering due to Granix being substituted for Neulasta. The 8th Amendment specifically states that "Prison officials are deliberately indifferent to a prisoner's serious medical needs when they deny, delay or intentionally interfere with treatment. Because of the failure to administer Neulasta, as per oncologist's orders, my chemo treatments stretched out 50% longer than they should have taken, and my life was endangered each time my bloodwork showed critically low levels of platelets, WBCs and leukocytes. My oncologist was told Neulasta was not an option (but I was given it to start with and did great on it). Then I was switched to Granix and it was ineffective, painful and I had to have 5 to 7 injections instead of only 1 with the Neulasta. Granix caused chronic pain. 1-26-15 remo Completed

RECEIVED
FEB 1 0 2015

SUPERINTENDENT/SECTION HEAD		2/19/15
You have the right to appeal this decision to a division director. You have the right to appeal this decision. Failure to submit an appeal with		
☐ I ACCEPT THIS DECISION	☐ I APPEAL THIS DECISION	
OFFENDER SIGNATURE	_	DATE

Grievance Response

To: Connie Raybourn #1166670

Institution: WERDCC

Grievance Number: WERDCC 14-411

Date of Grievance: 1-26-2015

Your Grievance has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers, has been provided to you.

This is a duplicate grievance. Please refer to grievance number 14-363.

As per policy D5-3.2 this is a misuse of the offender grievance process which includes the filing of duplicate grievances. Policy prohibits the filing of a complaint more than once by the same offender on the same issue that has currently been addressed.

Since this time you have completed all of your cycles of chemo and will be followed up with the oncologists.

In conclusion, this response should solve your grievance. Please continue to be an active member in your health care.

If your medical condition changes please address any concerns through the sick call process at your facility.

02/10/2015

_02/19/2015

Date Received

Date of Response

Marilyn Horn, RN, CCHP

Health Services Administrator

COPY

Dr. Hari Kapur Medical Director

	, a creati	2-27-15 (0)
Case: 2:16-cv-00010-PLC Doc. #: 1-1 Filed:	02/25/16 Page: 19 of 38 Pag	RECEIVED +
STATE OF MISSOURI	GRIEVANCE NUMBER	DATE FILLED 1 2015
DEPARTMENT OF CORRECTIONS OFFENDER GRIEVANCE APPEAL		0 11 17
	DOC NUMBER	Prievance Office VERDCC
OFFENDER NAME (LAST NAME, FIRST)	1144470	1 FRACC.
REASON FOR APPEAL	NUUUIO	WOVECO
This is not advolicate TRR	. It specific	0/14
addresses the "DELAY in	treatment," (c	hendo)
caused by the substituti	on of Branix I	nstead
of the much more effect	ive Neulasta	
The failure of Granix to	restore my u	IBC County
leukocytes & platelet lev	els endangere	ed my
THE EACH time by compr	omising my in	nmune.
11 of Coaniv was and work	ept in Isolation	on showed
in my stretem for a long:	tishe and I and	14 nondad
and insection versus 5	-7 of Granix.	Brank
injections had painful si	ide effects and	didn't
bring quick results. Man	1 chemo treati	nents were
missed/rescheduled due	to Granix.	
OFFENDER SIGNATURE COMMINGER SIGNATURE		3-4-15
RESPONSE		
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MAR 2 3 2015		:
	DIRECTOR, DIV OF REHABILITATIVE	SERVICES
CORIZON MISSOURI REGIONAL OFFICE	****	
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Grievance Office WERDCC		
SIGNATURE		DATE
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Finalization of this appeal represents exhaustion of this grievance p	oursuant to tederal law, 28 CFHs 40	DATE
Con		
MO 931-3378 (5-03)		

OFFENDER GRIEVANCE APPEAL RESPONSE

TO:

Raybourn, Connie #1166670

INSTITUTION:

Women's Eastern Reception and Diagnostic Correctional Center

GRIEVANCE NUMBER:

WERDCC-14-411

Date of IRR:

March 04, 2015

Your grievance appeal has been received and reviewed. As well, your medical record has been reviewed. The purpose of this review is to assure that timely and appropriate healthcare has been provided to you. This assessment of your medical needs may differ from your personal desires.

I understand your one original IRR complaint to be you are requesting to receive the medication Granix instead of Neulasta.

Upon review of your medical record, grievance records and investigation of your concern, I found the medical staff at WERDCC has previously addressed this issue in WERDCC-14-363, this issue was responded to on April 6, 2015. Per the offender grievance policy D5-3.2, duplicate complaints: specific issues or incidents will be addressed only once by informal resolution request or offender grievance. See copy of that response. This is a duplicate complaint and will not be readdressed per MDOC policy.

Conclusion: Based on the above information, your Grievance Appeal is not supported, as outlined above. Your record shows appropriate care and treatment for your medical issues by licensed, qualified healthcare professionals with many years of experience. We rely upon the independent, discretionary medical judgment of the site physicians to determine what care, medication and treatment is needed.

This should resolve your grievance. No further action is indicated at this time.

Should your medical condition change, please address any concerns through the sick call process at your facility.

March 23, 2015

May 19, 2015

Date Received

Date of Response

7 dhfibld

Director Operations, Constituent Services

Reviewed by/Date

T.Bredeman, D.O. Assoc. Regional Medical Director

Cc: File, H.S.A., Medical Director

COPY

STATE OF MISSOURI DEPARTMENT OF CORRECTIONS INFORMAL RESOLUTION REQUEST ☐ EMERGENCY COMPLAINT DOC NUMBER 1166670 CONNIT KBU DOURN HOUSING UNIT CATEGORY DATE STAFF RECEIVED IRR COMPLAINT NUMBER 2-20-14 COMPLAINT - ONE ISSUE - BE SPECIFIC PROBLEM BRIEFL ACTION REQUESTED: STATE REMEDIES YOU ARE SEEKING DISCUSSION OF COMPLAINT (SUMMARIZE RESULTS OF MEETING Uplicate Complaint ☐ IRR RESOLVED BY DISCUSSION/WITHDRAWN ☐ IRR NOT RESOLVED BY DISCUSSION OFFENDER SIGNATURE STAFF SIGNATURE DATE DATE STAFF FINDINGS/RESPONSE Please see attached response RECEIVED JAN 0-5 2015 RESPONDENT AGNATURE **W** UNSATISFACTORY YOÙ HAVE THE RIGHT TO FILE A FORMAL GRIEVANCE, YOU MUST FILE A GRIEVANCE FORM WITH THE DESIGNATED STAFF WITHIN SEVEN (7) DAYS FROM THE DATE YOU RECEIVE THIS RESPONSE. FAILURE TO SUBMIT A GRIEVANCE WITHIN THIS TIME FRAME CONSTITUTES ABANDONMENT.

OFFENDER SIGNATURE

MO 931-3376 (12-04)

IRR Response

To: Connie Raybourn #1166670

Institution: WERDCC

Grievance Number: WERDCC 14-429

Date of IRR: January 12, 2015

Your IRR has been received and reviewed.

As per policy D5-3.2 this is a misuse of the offender grievance process which includes the filing of duplicate IRR's. Policy prohibits the filing of a complaint more than once by the same offender on the same issue that is currently being addressed or has already been addressed through the grievance process.

Please refer-to-Grievance-14-363. This-issue has been-addressed-through-the-IRR-and-Grievance process.

At this time we will continue to monitor your condition and follow up as needed.

01/05/15

Date Received

_01/12/15

Date of Response

Danielle Halterman, RN

Director of Nursing

GRIEVANCE NUMBER WERISCL IRR NUMBER- LD CC

FEB 9 3 2015

INSTITUTION USE ONLY			***	Grievance Of	fice WERDCC
OFFENDER LAST NAME	FIRST	DOC NUMBER	HOUSING UNIT	שווד	попиллем
RAYBOURN,	CONNIE	1166670	2B		WERDCC

OFFENDER GRIEVANCE/REQUEST

This grievance pertains to an incident of low platelet levels/bleeding profusely from a simple paper cut. This is NOT a "duplicate" IRR. This showed how ineffective the Granix shots were, how they failed to restore my blood counts to safe levels, in a minimum period of time. At the very least, this incident shows how a compromised immune system and lack of a clotting factor could lead to death had there been a large cut instead of a small one. Again, Dr. Kapur told me that,"if the Granix didn't work this time, we would change back to the Neulasta." This was contradictory to what Dr. Kapur told my oncol ogist, Dr. Waheed, that "Neulasta was no longer an option." Apparently it was in certain circumstances. Dr. Waheed recommended/ordered Neulasta, but worked with Dr. Kapur since he was told Granix was the only option. In this case, the inability to CLOT endangered my life. Recommendation (Neulasta) from the outside hospital/cancer center were sidestepped/not followed.

LOURN 11610000

1-26-15

RECEIVED FEB 1-0 2015

You have the right to appeal this decision to a division director. You must file an appeal form with the grievance officer with	DATE 2/19/15
You have the right to appeal this decision to a division director. You must file an appeal form with the grievance officer with	hin seven (7) days from
the day you receive this decision. Failure to submit an appeal within this time frame constitutes abandonment of the grie	evance.
☐ I ACCEPT THIS DECISION ☐ I APPEAL THIS DECISION	
OFFENDER SIGNATURE	DATE
MO 931-3377 (12-94)	

Grievance Response

To: Connie Raybourn #1166670

Institution: WERDCC

Grievance Number: WERDCC 14-429

Date of Grievance: 1-26-2015

Your Grievance has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers, has been provided to you.

This is a duplicate grievance. Please refer to grievance number 14-363.

As per policy D5-3.2 this is a misuse of the offender grievance process which includes the filing of duplicate grievances. Policy prohibits the filing of a complaint more than once by the same offender on the same issue that has currently been addressed.

Since this time you have completed all of your cycles of chemo and will be followed up with the oncologists.

In conclusion, this response should solve your grievance. Please continue to be an active member in your health care.

If your medical condition changes please address any concerns through the sick call process at your facility.

02/10/2015

Date Received

02/19/2015

Date of Response

Marilyn Horn, RN, CCHP

Health Services Administrator

COPY

Dr. Hari Kapur

Medical Director

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Case: 2:16-cv-00010-PLC Doc. #: 1-1 Fil	ed: 02/25/16 Page: 25 0/38	Pagen #. 38
STATE OF MISSOURI DEPARTMENT OF CORRECTIONS	GRIEVANCE NUMBER	DATE FILED
OFFENDER GRIEVANCE APPEAL	WERDCC 14-429	Grievande Office WEADCC
OFFENDER NAME (LAST NAME, FIRST)	DOC NUMBER	INSTITUTION
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of the Branix shots, It	- Cut my inahi	11/24+05400
bleeding would have been	life threaten	ind Even
as in this case, a small co	etcould not be	2 (stopped)
from bleeding without a	tight bandage	e and hold-
ing it up above my head,	That's how I'd	rould tell
my platelets were crit	10014/0W: B/0	od work
Should confirm this. I	was tested, E	canix, shot
numporise times 11. C. Goan	ineffective, I	Las toold
we will switch back to	Newlasta inste	all That
nover happened.	VO 148 (PO 1113 (AC	
OFFENDER/SIGNATURE OMNILL RAWWAWA		3-415
RESPONSE		
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CORIZON	DIRECTUR, ST	v OF OFFERDER TIVE SERVICES
CORIZON MISSOURI REGIONAL OI	FFICE	INC SERVICES
SIGNATURE		DATE
Finalization of this appeal represents exhaustion of this grievar	nce pursuant to federal law, 28 CFRs	40
OFFENDER SIGNATURE		DATE

MO 931-3378 (5-03)

OFFENDER GRIEVANCE APPEAL RESPONSE

TO:

Raybourn, Connie #1166670

INSTITUTION:

Women's Eastern Reception and Diagnostic Correctional Center

GRIEVANCE NUMBER:

WERDCC-14-429

DATE OF APPEAL:

March 10, 2015

Your grievance appeal has been received and reviewed. As well, your medical record has been reviewed. The purpose of this review is to assure that timely and appropriate healthcare has been provided to you. This assessment of your medical needs may differ from your personal desires.

I understand your one original IRR complaint to be you contend that you are requesting the medication Granix to be discontinued and to receive the medication Neulasta.

Upon review of your medical record, grievance records and investigation of your concern, I found the medical staff at WERDCC has previously addressed this issue in WERDCC-14-363, this issue was responded to on April 6, 2015. Per the offender grievance policy D5-3.2, duplicate complaints: specific issues or incidents will be addressed only once by informal resolution request or offender grievance. See copy of that response. This is a duplicate complaint and will not be readdressed per MDOC policy.

Conclusion: Based on the above information, your Grievance Appeal is not supported, as outlined above. Your record shows appropriate care and treatment for your medical issues by licensed, qualified healthcare professionals with many years of experience. We rely upon the independent, discretionary medical judgment of the site physicians to determine what care, medication and treatment is needed.

This should resolve your grievance. No further action is indicated at this time.

Should your medical condition change, please address any concerns through the sick call process at your facility.

March 23, 2015

June 05, 2015

Date Received

Date of Response

Director Operations, Constituent Services

Reviewed by/Date

T.Bredeman, D.O. Assoc. Regional Medical Director

Cc: File, H.S.A., Medical Director

INFORMAL	resolution request	A NSTERIOR	NIÚSEONLY. 🗆 EME	RGENCY COMPLAII
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IRR Response

To: Connie Raybourn #1166670

Institution: WERDCC

Grievance Number: WERDCC 14-430

Date of IRR: December 30, 2014

Your IRR has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your providers, has been provided to you. This assessment of your medical needs may differ from your personal desires.

Your concern is understood to be, you are requesting special gloves, hat, and scarf.

Subsequent to review and investigation, your concerns have been reviewed by the physician and by administration and at this time it is not necessary for you to have any special gloves, scarf, or hat.

In conclusion, your medical needs are being met and the physician will continue to monitor your condition.

If your medical condition changes, please address any concerns through the sick call process.

01/05/2015 Date Received <u>01/22/2015</u> Date of Response Danielle Halterman, RN
Director of Nursing

				•		Par
Case: 2:16-cv-00010-PLC Doc #: STATE OF MISSOURI DEPARTMENT OF CORRECTIONS OFFENDER GRIEVANCE	GRIEVANCE I	NUMBER	Page:	Carry Carry	igeID#: 4	
INSTITUTION USE ONLY		7 7 2 0	1 / 1	700	Grievanse	Office WERDCC
OFFENDER LAST NAME FIRST		DOC NUMBER		HOUSING UNIT	ONIT	INSTITUTION
RAYBOURN CONNIE		1166670		2B-205		WERDCC
OFFENDER GRIEVANCE/REQUEST			.7 .		- 47.	man and a straighte
On my last visit to my oncologis	t, his	nurse, Kir	nberly	y, inform	ed me t	hat staff
from WERDCC had called and "chew	ed her	out" for s	sendi	ng the ha	t/scarf	/gloves
back with me (with doc's orders	to have	them).	[he_oi	ncologist	knew a	ll about
my side effects from one of the	chemo d	lrugs, and	consi	idered my	extrem	e cold
sensitivity worthy of treatment						· · · · · · · · · · · · · · · · · · ·
is commonplace on camp. I suffe					;	i
nerve endings in my extremities,						
Medical staff here "second guess						i
have the prescribed outerwear co				_		- 1
This is a serious medical need, having to evacuate and stand out						_
ysis of my throat causes trouble		-				
was treated not as a specialist,						
OFFENDER SIGNATURE COMMING BALLERY	'INM)	<i>,</i>	JUNET PUL	DATE	
SUPERINTENDENT RESPONSE	VVIC		, 3 ,		2 3 , 2 , 3 , 3	-13-15
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You have the right to appeal this decision to a division direction to a division direction to a division direction to a division direction day you receive this decision. Failure to submit an appear	tor. You must				er within sev	
☐ I ACCEPT THIS DECISION		☐ I APPEAL T			3	
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MO 931-3377 (12-04)

Case: 2:16-cv-00010-PLC Doc. #: 1-1 Filed: 02/25/16 Page: 30 of 38 PageID #: 43

Grievance Response

To: Connie Raybourn #1166670

Institution: WERCC

Grievance Number: WERCC 14-430

Date of Grievance: 2/19/15

Your Grievance has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers, has been provided to you. This assessment of your medical needs may differ from your personal desires.

Your concern is understood to be: you are requesting special gloves, hat, and scarf

Subsequent to review and investigation, the results are as follows: You were seen by Dr. Waheed on 2/23/15 for a post chemo follow-up. He noted you reported tingling in your fingers that is worse in the cold. In his list of recommendations he did not mention the necessity for special gloves, hat, or scarf.

In conclusion,

It appears your medical needs have been met. If your medical condition changes please address any concerns through the sick call process at your facility.

2/25/15 Date Received 4/6/15 Data of B

Date of Response

Jenny Meehan, RN

Physician

Casc. 2.10-CV-00010-1 EC Doc. #. 1-1 1 lica	l: 02/25/16 Page: 31 of 38 Pa	geID #: 44
THE OF MICCOURT		RECEIVED
STATE OF MISSOURI DEPARTMENT OF CORRECTIONS	GRIEVANCE NUMBER	DATE FILED APR 2 8 205
OFFENDER GRIEVANCE APPEAL	WERECC 14-430	APRZ8
OFFENDER NAME (LAST NAME, FIRST)	DOC NUMBER	HANSTELLE WERDCO
Raybourn Connie	1166670	WRICO
REASON FOR APPEAL		
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institution were accom	Danied by &	n. Waheed
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- damage) from Ches	no treatmen	to, His
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was almost gone, othe	n Chemo pati	enth were
- allowed to keep nata	, I was told	therear
was a strangulation	hazard, lul	nthough
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OFFENDER SIGNATURE WILLIAM WILLIAM	cally necessi	CATE! 22 1 -
Conne Rayhoun		4-22-15
RESPONSE		
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CORIZON MISSOURI REGIONAL OFFICE	DECEIVED MAY 0 6 2015 DIRECTOR, DIV OF OFFENDER REHABILITATIVE SERVICES	
CORIZON MISSOURI REGIONAL OFFICE	MAY 0 6 2015	DATE
	MAY 0 6 2015	DATE

DATE

MO 931-3378 (5-03)

OFFENDER SIGNATURE

Offender GRIEVANCE APPEAL RESPONSE

TO:

Raybourn, Connie #1166670

INSTITUTION:

Women's Eastern Reception and Diagnostic Correctional Center

GRIEVANCE NUMBER:

WERDCC-14-430

DATE OF APPEAL:

April 28, 2015

Your grievance appeal has been received and reviewed. As well, your medical record has been reviewed. The purpose of this review is to assure that timely and appropriate healthcare has been provided to you. This assessment of your medical needs may differ from your personal desires.

I understand your one original IRR complaint to be you contend that you are requesting special gloves, hat, and scarf.

Upon review of your medical record, grievance records and investigation of your concern, I found you were seen for a follow-up appointment/post chemo by Dr. Waheed on February 23, 2015. It is noted that you reported tingling in your fingers that was worse in the cold/weather. Your records do not reflect a recommendation by Dr. Waheed/oncologist for special gloves, hat or scarf. Please note an IOC approval from DOC is necessary. Should you have this issue during the upcoming winter, please notify the medical staff to be scheduled for evaluation. The above mentioned items, the hat and gloves may be purchased through the canteen, in the winter. Your record does not note a medical indication for special gloves at this time.

Conclusion: Based on the above information, your Grievance appeal is not supported, as outlined above. Your record shows appropriate care and treatment for your medical issues by licensed, qualified healthcare professionals with many years of experience. We rely upon the independent, discretionary medical judgment of the site physicians to determine what care, medication and treatment is needed.

This should resolve your grievance. No further action is indicated at this time.

Should your medical condition change, please address any concerns through the sick call process at your facility.

May 07, 2015

August 11, 2015

Date Received

Date of Response

Director Operations, Constituent Services

Reviewed by/Date

Cc: File, HSA, Medical Director

T.Bredeman, D.O. Assoc. Regional Medical Director

MISSOURY CARE 2.16 CV-00010-PLC DOC.#. 11	iled 02/25/15 Page: 35 of 38 PageID #: 46			
informal resolution request	INSTITUTION USE OF STATE OF EMERGENCY COMPLAINT			
OFFENDER NAME Ray bourn, Connu	DOC NUMBER 1164670			
DATE STAFF RECEIVED IRR J COMPLAINT NUMBER	CATEGORY HOUSING UNIT			
Failure to honor ancologi	ist's orders and denial			
of medically necessary outerwear he and				
me during my last chemo treatment.				
STATE TOUR PRODUCTS STATE OF				
Please see attached.				
ACTION REQUESTED: STATE REMEDIES YOU ARE SEEKING	ari had outerwear			
provided to me by my oncologist. Dr.				
Waheed.	Tuaheed.			
DISCUSSION OF COMPLAINT (SUMMARIZE RESULTS OF MEET	ING)			
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INVESTIGATING STAFF SIGNATURE INVESTIGATING STAFF SIGNATURE SCE ATTEMATICAL INVESTIGATING STAFF SIGNATURE THE STAFF SIGNATURE YOU HAVE THE RIGHT TO FILE A FORMAL GRIEVANCE, YOU MUST FILE A GRIEVANCE.	PIRR NOT RESOLVED BY DISCUSSION STAFF SIGNATURE PRESPONDENT SIGNATURE PRESULTS RESULTS SATISFACTORY UNSATISFACTORY DATE DATE			
IBB RESOLVED BY DISCUSSION/WITHDRAWN OFFENDER SIGNATURE DATE JUNIOUS	PIRR NOT RESOLVED BY DISCUSSION STAFF SIGNATURE PRESPONDENT SIGNATURE PRESULTS RESULTS SATISFACTORY UNSATISFACTORY DATE DATE			

IRR - Raybourn, Connie 1166670-28-205 Re: Outerwear Issue (Page 1 of 2)

On January 5, 2015, I was given a hat, scarf + glove set while at the Caneer Treatment Center (Amc) in Mexico, along with doctors orders highlighted on the page, One of my chemo drugs, Oxyplantin(sp?) causes extreme cold sensitivity and nerve damage, When my throat (outer) is exposed to cold, my herves spasm and block my airway, making it difficult to breathe, Also, Knife-like stabbing nerve pain occurs in my fingers, toes, scalp and neck, The doctor informed me that this ean last up to 18 months following completion of treatment. I have lost 60-70% of my hair, and when we are forced to evacuate (smoke alarms), we sometimes standout in the cold for an hour or more. This is a servous and possibly life - threatening health risk for me because I can't breathe when my throat spasms due to cold, COI Woodrow was my escort on this

(Page 2 of 2) Raybourn 1166670

outcount/trip, When we arrived back at WERDCC she took the paper with the doctor's orders somewhere? She told me "night as well throw them in the trash-they (DOC) won't let you have them." On the trip to chemo, I told CDI Woodrow about my extreme cold sensitivity and asked her to Slide open the dlass partition between the front & back so I could get some worm air, The bank sign on the way Showed 1º Farenheit-it was freezing, COI Woodrow refused to open the slider and stated she couldn't because it was "policy" However, I've had 12 chemo treatments and no one has ever Kept the partition closed, not even when only one Coescorted me, Considering my medical condition, this could have resulted in serious consequences, The cold sensitivity causes severe pain, Since COI Woodrow took my things, I have not heard where they went, I need them badly,

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Jeremiah W. (Jay) Nixon Governor

George A. Lombardi Director



Women's Eastern Reception,
Diagnostic and Correctional Center
1101 East Highway 54
Vandalia, MO 63382
Telephone: 573-594-6686

Fax: 573-594-6789

State of Missouri DEPARTMENT OF CORRECTIONS

Ad Excelleum Conamur - " WeStrive Towards Excellence"

Inter-Office Communication

To: Raybourn, Connie #1166670

VS: WERDCC

Category- Property-loss of property

Log #: 15-18

Date: 01/16/2015

Your Informal Resolution request has been thoroughly investigated. You contend that on January 5, you were given a hat, gloves and scarf by your oncologist at the Cancer Treatment Center along with doctor's orders on your return paperwork for these items. However, they were taken upon your arrival back at the institution. You further state, that on this medical out count that the officer kept the security partition closed between you and that you were cold as a result.

Upon completion of this investigation, policy does not support your approval of the items given to you by the oncologist. IS 20-1.9 (8. States:" No personal property acquired on outcounts will be allowed upon returning from the outcount unless specified in institutional services procedures regarding offender transportaion"). SOP 20-4.1 states "The back doors should be secured and the security screen window closed and locked." The institution has many offenders that are currently taking cancer treatments and special accommodations cannot be given to only one offender. Therefore, your IRR is denied.

Respondent Signature

Reviewer Signature

Date

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7days from 2-27 #: 1-1 Filed: 02/25/16 Page: 37 of 38; Case: 2:16-cv-00010-PLC Doc STATE OF MISSOURI GRIEVANCE NUMBER IRR NUMBER// DATE FILED **DEPARTMENT OF CORRECTIONS** FEB 19 2015 OFFENDER GRIEVANCE . INSTITUTION USE ONLY Grievance Office WERDCC OFFENDER LAST NAME FIRST DOC NUMBER HOUSING UNIT NSTITUTION UNIT RAYBOURN CONNIE 1166670 2B-205 WERDCC OFFENDER GRIEVANCE/REQUEST I'd like to address the response I received which states: "...institution has many offenders that are currently taking cancer treatments and special accommodations cannot be given to only one offender." Glynnis Stewart suffered from hot flashes from chemo. She was allowed to take her personal fan to visits in Jane Voyles and Verna Jones, both chemo patients, were the visiting room. given special thermal hats on outcount and were allowed to keep them. has caused me to lose 70% of my hair, maybe more. I'm not allowed to keep my doctor-prescribed outerwear? Denial of proper clothing is intentional infliction of pain due to my extreme cold sensitivity. Nerve pain and trouble breathing while walking or standing in the cold can and will worsen my painful condition. The oncologist's nurse was "chewed out" for sending outerwear with doctor's orders back with me. Dr. Kapur ignored the oncologist's orders for thermal outerwear, second-guessing his medical orders for medical necessity. OFFENDER SIGNATURE 2-13-15 SUPERINTENDENT RESPONSE All information in regards to your grievance has been reviewed. Your complaint is in regard to the removal of personal property acquired on a medical outcount. You are requesting to be allowed to wear the clothing items provided to you by Dr. Waheed. This complaint is currently being addressed within WERDCC 14-430 [Medical complaint], and would be considered a duplicate or expanded complaint in accordance with D5-3.2 Offender Grievance. Reports indicate that on 1/5/15 you were transported from WERDCC to a medical appointment with Dr. Waheed. During said appointment you acquired a hat, pair of gloves and scarf. These items were removed from your possession upon your return to WERDCC. The removal of said clothing items was in accordance with IS 20-1.9 Outcounts. Your retention would be a direct violation of department policy. Reports further indicate that you currently possess gloves and headgear, which conform with policy. You may utilize these items for protections from the elements of weather. Grievance Denied SUPERINTENDENT/SECTION HEAR DATE Wom 2-24-15 You have the right to appeal this decision to a division director. You must file an appeal form with the grievance officer within seven (7) days from the day you receive this decision. Failure to submit an appeal within this time frame constitutes abandonment of the grievance.

☐ I APPEAL THIS DECISION

DATE

OFFENDER SIGNATURE

☐ I ACCEPT THIS DECISION

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STATE OF MISSOURI DEPARTMENT OF CORRECTIONS OFFENDER GRIEVANCE APPEAL	GRIEVANCE NUMBER WERDCU 15-18	DAYEVILED V 2015 Grievance Office WERDCC
Raybourn (sonnie	DOC NUMBER 1	INSTITUTION
REASON FOR APPEAL	THE REPORT OF THE PARTY OF THE	
And ineffective in protect Knit and doesn't stop wind gloves are very thin jersey doesn't keep hands warn my hair. I get extremely here have been allowed t	cold. Other can pkeep outer w	heat and heat and The hat & are thin old, Hot is ting. The which amost of cer patients ear they
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OFFENDER SIGNATURE RAYLOUN		3-4-15
RESPONSE		在产品。
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SIGNATURE		DATE
Finalization of this appeal represents exhaustion of this grievance	pursuant to federal law, 28 CFRs 4	0
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